

INCORPORATING HIV PREVENTION INTO THE MEDICAL CARE OF PERSONS LIVING WITH HIV

DESCRIPTION

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV is a set of recommendations recently published by CDC, the Health Resources and Services Administration, the National Institutes for Health, and the HIV Medicine Association of the Infectious Diseases Society of America.⁵ Prevention in the care setting uses the outpatient clinic and health care providers to screen for HIV transmission risk behaviors and sexually transmitted diseases, provide brief behavioral prevention interventions, and facilitate partner notification and counseling.

Goals

- Reach a large number of HIV-infected persons who regularly visit the clinic for treatment.
- Implement a safer-sex prevention program to instill self-protective and partner-protective motivations for reducing risk behaviors across time.
- Integrate prevention into routine medical care.
- Involve clinic staff (especially physicians, physician assistants, nurses, nurse practitioners, and counselors) in prevention counseling.

How It Works

The recommendations state that medical care providers can greatly affect patients' risks for transmission of HIV to others by

- performing a brief screening for HIV transmission risk behaviors
- communicating prevention messages
- discussing sexual and drug-use behavior
- positively reinforcing changes to safer behaviors
- referring patients for services such as substance abuse treatment
- facilitating partner notification, counseling, and testing
- identifying and treating other sexually transmitted diseases⁵

These recommendations are integrated into 3 major components.⁵

- Screening for HIV transmission risk behaviors and for sexually transmitted diseases
- Providing brief behavioral risk-reduction interventions in the office setting and referring selected patients for additional prevention interventions and other related services
- Facilitating notification and counseling of sex partners and needle-sharing partners of infected persons

The recommendations are intended for all persons who provide medical care services to persons living with HIV (e.g., physicians, nurse practitioners, nurses, physician assistants). They are also appropriate for CBOs that provide medical care services; however, CBOs that do not provide care may choose to partner with medical care providers to offer a range of services, including brief prevention messages delivered by the medical care provider as well as more conventional prevention services (e.g., comprehensive risk counseling and services, partner counseling and referral services, counseling testing and referral for partners) that could be available on site at the clinic.

Research Findings

After receiving a positive HIV test result, many persons decrease behaviors that may transmit HIV to others.^{1,2} However, recent studies suggest that not all HIV-infected persons maintain such behavioral changes and that some continue to engage in behaviors that place others at risk for HIV infection.^{3,4} Thus, the recommendations were published in recognition of the importance of including HIV prevention in the medical care setting.⁵

CORE ELEMENTS, KEY CHARACTERISTICS, AND PROCEDURES

Core Elements

Core elements are those parts of an intervention that must be done and cannot be changed. **Core elements are essential and cannot be ignored, added to, or changed.**

Incorporating HIV Prevention into the Medical Care of HIV-infected Persons has the following 7 core elements:

- Adopt prevention as a standard part of clinical practice.
- Conduct a brief assessment (risk screening) of behavioral and clinical factors associated with transmission of HIV and other sexually transmitted diseases.
- Identify patients who are at greatest risk for transmission of HIV and who should receive more in-depth risk assessment and HIV risk-reduction counseling, other risk-reduction interventions, or referral for other services.
- Deliver to every patient at every clinic visit a brief (3–5 minute) prevention message focused on HIV prevention for the patient, the partner, or both and disclosure of HIV serostatus.
- Screen for and treat sexually transmitted diseases, as appropriate.
- Discuss reproductive health options with female patients of childbearing age.
- Hang posters in waiting and examination rooms, and hand out patient brochures that present education and prevention messages and reinforce messages delivered by the medical care provider.

Key Characteristics

Key characteristics are those parts of an intervention (activities and delivery methods) that can be adapted to meet the needs of the CBO or target population.

Incorporating HIV Prevention into the Medical Care of HIV-infected Persons has the following key characteristics:

- Train all clinic staff about using open-ended questions, demonstrating empathy, and remaining nonjudgmental.
- Base session length on the needs of the patient (counseling sessions can last more than 5 minutes, and follow-up reminders may last less than 3 minutes) Repeat the message over time during subsequent visits.
- Make condoms available in a way that patients can feel comfortable taking some home, as needed.

Procedures

Procedures are detailed descriptions of some of the above-listed elements and characteristics.

Procedures for Incorporating HIV Prevention into the Medical Care of HIV-infected Persons are as follows:

Incorporating Prevention

Incorporating prevention into a busy clinic can be difficult but can be facilitated with some modification of the clinic structure and flow. Creating an atmosphere that endorses an integrated approach shows that HIV prevention is important to the medical care provider and staff. Posting prevention messages in the waiting and examination rooms and giving every patient printed material related to HIV prevention reminds the medical care provider and prepares the patient to discuss HIV prevention.

Behavioral Screening

Screening patients before they see the medical care provider (using pencil-and-paper, audio-, video-, or computer-assisted questionnaires or brief interviews with nonmedical staff) can help the medical care provider understand patients' risk factors and symptoms of sexually transmitted diseases, if present, and to initiate more in-depth discussions of HIV prevention during the medical visit.

Behavioral screening is a vital element. Many providers use a paper instrument to conduct behavioral screening. An example can be found under Prevention in Care Settings at CDC's National Prevention Information Network (800-458-5231 and www.cdcnpin.org/scripts/index.asp).

Providing Prevention Messages

If the patient reports engaging in risky behaviors (unsafe sex or injection practices), the medical care provider should provide an appropriate brief prevention message. This message may include

- a general prevention message
- a message that addresses behaviors or concerns specific for this patient
- correction of misconceptions about risk
- reinforcement of steps the patient has already taken to decrease risk for HIV transmission

Prevention messages should stress that the only way to ensure that HIV is not transmitted is abstinence or sex with a partner of concordant HIV status. However, patients should also know

that sex with partners of concordant HIV status does not protect against other sexually transmitted diseases or reinfection with HIV. For sexually active patients, condom use is the safest way to prevent transmission or acquisition of HIV and other sexually transmitted diseases. Patients should also be made aware of the importance of disclosing their HIV status to potential sex partners.

Testing for Sexually Transmitted Diseases

Because the presence of a sexually transmitted disease can dramatically increase the transmissibility of HIV and the progression of HIV disease, the medical care provider should also recommend screening (for asymptomatic patients) or diagnostic testing (for symptomatic patients) and treatment, as appropriate, for sexually transmitted diseases for patients who engage in unsafe sexual behaviors. These tests should be recommended at the first visit for all patients, at least yearly for sexually active patients, and more frequently for patients at high risk. Patients should be tested for sexually transmitted diseases if they report any symptoms of infection, regardless of reported sexual behavior or other epidemiologic risk information.

Assessing Women's Reproductive Status

Without appropriate intervention the risk for perinatal HIV transmission is high. Therefore, medical care providers should assess whether women of childbearing age might be pregnant, are interested in becoming pregnant, or are not specifically considering pregnancy but are sexually active and not using reliable contraception. Such women may need to be referred for reproductive health issues and counseling.

Referring Patients

The medical care provider should also refer the patient for more extensive prevention interventions or to other services that may benefit the patient, the partner, or both, as needed (e.g., substance abuse treatment services, mental health services, medication adherence counseling, partner counseling and referral services). Referral follow-up can provide the medical care provider with information about the success of the referral, patient satisfaction with the referral, or barriers to completing it. This information can be used to compile a referral guide for use by all providers in that clinic.

Following Up

Finally, medical care providers should recognize that risk is not static. Patients' lives and circumstances change, and their risk of transmitting HIV may change from 1 medical encounter to another. Screening and providing risk-reduction messages should occur at every medical visit unless the client has other medical needs that take precedence.

Having Appropriate Materials

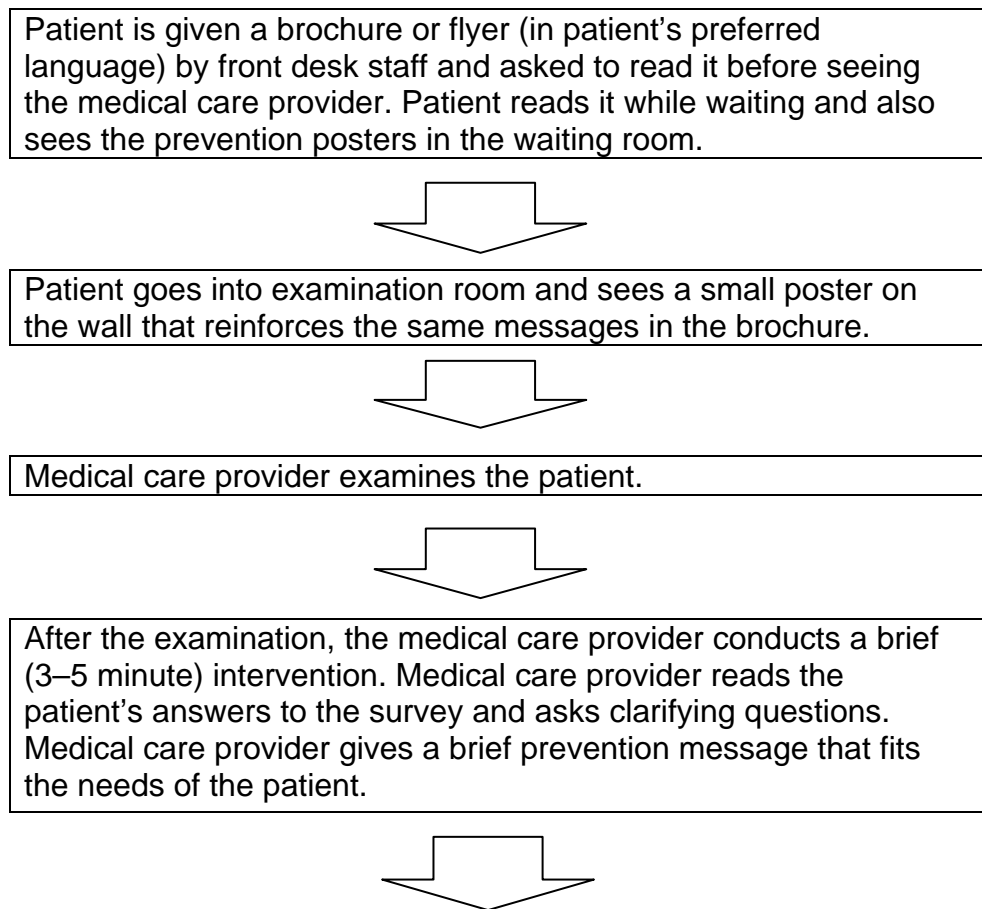
The following materials are helpful for introducing the concept of integrated prevention and care services:

- **Posters**, in languages appropriate to the populations served, displaying the general prevention messages, to hang in clinic waiting areas and hallways
- **Brochures**, in languages appropriate to the populations served, given to patients when they register at the front desk. The brochures should emphasize

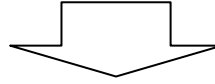
- the role of sexually transmitted diseases in HIV transmission and the need to be tested and treated at the first sign or suspicion of symptoms of sexually transmitted diseases
- the potential role of drug use in increasing risky behaviors
- the risks of unsafe sex or injection practices for patients and their partners, even in the presence of a low or undetectable viral load
- the importance of disclosing HIV status
- **Posters to hang in examination rooms**, in languages appropriate to the populations served, that contain the same messages as the brochure
- **Documentation of patient counseling**, which may be done with a chart sticker, a stamp, or a check box in the printed or electronic medical record. The purpose is to remind the provider to do the counseling regularly.
- **Additional supportive materials**, given out as supplements to the brochure at subsequent visits. Materials can address additional prevention topics of interest and may include helpful information and testimonials related to changing behavior.

Examples of brochures, posters, and prevention prescription pads can be found at www.mpaetc.org. Go into the Positive Steps section.

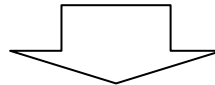
One model for integrating prevention into care is diagrammed below.



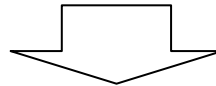
Medical care provider uses the brochure, poster, or other prevention materials to help with counseling. Medical care provider or patient places a check mark next to behaviors noted in the brochure and sets goals for behavior change. Medical care provider documents in the patient's chart that counseling was done.



If needed, the medical care provider refers the patient to other services. Medical care provider tells patient that he or she will be interested in hearing how the patient is doing at the next appointment.



Patient leaves feeling cared about, knowing more about safer sex and disclosure of HIV status, and ready to practice safer behaviors.



At follow-up visits, medical care provider asks about progress on goals and referrals, if given at last visit. Medical care provider offers reinforcement for healthy behavior and helps patient find ways to overcome obstacles. Medical care provider and patient set goals for next time.

Collaborating

CBOs that do not provide medical care can partner with a medical provider to help create prevention messages and materials that are appropriate for the clinic and to help with training and prevention strategies for clinics. Your AIDS Education and Training Center (<http://www.aids-ed.org/>) or Prevention Training Center (<http://depts.washington.edu/nnptc/>) is a good resource for materials. CBOs can also help clinics provide and facilitate referrals and can provide more extensive prevention services to those patients with additional prevention needs.

RESOURCE REQUIREMENTS

People

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV uses existing providers and clinic staff, so no new staffing is required. Providers are asked to spend 3 to 5 minutes during each patient visit to discuss safer sexual behavior and disclosure of HIV status.

Providers and clinic staff will need half a day to attend training, plus another 2 hours for a booster training. Your AIDS Education and Training Center (<http://www.aids-ed.org/>) or Prevention Training Center (<http://depts.washington.edu/nnptc/>) can arrange these trainings.

A nurse, physician's assistant, or physician needs to be appointed as prevention coordinator. This person will

- set up training
- make sure that materials are on hand
- make sure that the intervention is being carried out

Clinics should have support and a commitment from all their staff to

- training
- talking with patients about sex and drug use
- understanding prevention interventions and factors related to risk behavior
- knowing what community resources are available by referral

Space

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV is done at HIV outpatient health care clinics. Clinics should have private examination rooms where medical care providers and patients can talk privately about the patient's sexual behaviors.

Supplies

Incorporating HIV Prevention into the Medical Care of Persons Living with HIV needs

- training materials
- posters
- brochures
- chart stickers
- anatomical models
- condoms and lubricant

Along with staff time for training, these supplies are the major expenses for incorporating prevention into care.

RECRUITMENT

Agencies who choose to follow the recommendations will offer prevention services as the standard of care in their clinics; therefore, no specific recruitment strategy is endorsed for Incorporating HIV Prevention into the Medical Care of Persons Living with HIV. All clinic patients will receive counseling with appropriate messages at each appointment. However, all patients should be informed that the clinic has adopted a model of integrated service so that they may make an informed choice regarding their attendance at the clinic.

POLICIES AND STANDARDS

Before a clinic attempts to implement Incorporating HIV Prevention into the Medical Care of HIV-infected Persons, the following policies and procedures should be in place to protect clients and the clinic:

Clinic Support

Clinic management must demonstrate support for incorporating prevention into care by

- encouraging staff to attend 1 training related to providing prevention services (i.e., providing paid time off to attend)
- obtaining, distributing, and maintaining prevention materials
- committing to having primary care providers deliver patient counseling, and allowing providers the time to deliver prevention messages at every visit

Confidentiality

A system must be in place to ensure that the confidentiality is maintained for all clinic patients.

Cultural Competence

CBOs must strive to offer culturally competent services by being aware of the demographic, cultural, and epidemiologic profile of their communities. CBOs should hire, promote, and train all staff to be representative of and sensitive to these different cultures. In addition, they should offer materials and services in the preferred language of clients, if possible, or make translation available, if appropriate. CBOs should facilitate community and client involvement in designing and implementing prevention services to ensure that important cultural issues are incorporated. The Office of Minority Health of the Department of Health and Human Services has published the *National Standards for Culturally and Linguistically Appropriate Services in Health Care*, which should be used as a guide for ensuring cultural competence in programs and services. (Please see Ensuring Cultural Competence in the Introduction of this document for standards for developing culturally and linguistically competent programs and services.)

Data Security

Agencies must have a data handling policy that will ensure patient confidentiality and the confidentiality of chart notes and intervention reminders.

Informed Consent

All clinic patients should be informed that addressing issues of sexuality and HIV prevention is part of the standard of care at the clinic that incorporates HIV prevention into medical care. As with any patient care issues, they have the right to refuse treatment.

Legal and Ethical Policies

For clinics following these prevention guidelines, patients will be disclosing their HIV status. CBOs must know their state laws regarding disclosure of HIV status to sex partners and needle-sharing partners; CBOs are obligated to inform clients of the organization's responsibilities and the organization's potential duty to warn. CBOs also must inform clients about state laws

regarding the reporting of domestic violence, child abuse, sexual abuse of minors, and elder abuse.

Referrals

CBOs must be prepared to refer clients as needed. For clients who need additional assistance in decreasing risk behavior, providers must know about referral sources for prevention interventions and counseling, such as comprehensive risk counseling and services, partner counseling and referral services and health department and CBO prevention programs for persons living with HIV.

QUALITY ASSURANCE

The following quality assurance activities should be in place for Incorporating HIV Prevention into the Medical Care of HIV-infected Persons in CBOs that provide medical care.

Providers

The following are done to help ensure fidelity to the core elements:

Auditing

Audit charts to ensure that providers are delivering and noting the delivery of prevention messages.

Assessing

Assess providers'

- skill in eliciting behavioral information and providing prevention messages
- attitudes and beliefs about their role in delivering prevention messages
- frequency of message delivery
- satisfaction with the intervention

Observing

The clinic coordinator should ensure that materials are maintained in the waiting and examination rooms and that patient brochures and informational flyers are handed out to all patients.

Patients

Patients' satisfaction with the services and their comfort should be assessed periodically.

MONITORING AND EVALUATION

At this time, specific guidance on the collection and reporting of program information, client-level data, and the program performance indicators is under review and will be distributed to agencies after notification of award.

General monitoring and evaluation reporting requirements for the programs listed in the Procedural Guidance will include the collection of standardized process and outcome measures as described in the Program Evaluation and Monitoring System (PEMS). PEMS is a national data reporting system that includes a standardized set of HIV prevention data variables, web-based software for data entry and management, data collection and evaluation guidance and training, and software implementation support services.

Funded agencies will be required to enter, manage, and submit data to CDC using PEMS. Furthermore, agencies may be requested to collaborate with CDC in the implementation of special studies aimed at assessing the effect of HIV prevention activities on at-risk populations.

KEY ARTICLES AND RESOURCES

US Department of Health and Human Services, Office of Minority Health. National standards for culturally and linguistically appropriate services in health care. Washington, DC: US Department of Health and Human Services; 2001. Available at: <http://www.omhrc.gov/omh/programs/2pgprograms/finalreport.pdf>.

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